JUL 3 0 2008

PTO/SB/21 (01-08)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

Application Number 10/615,158-Conf. #8240 Filing Date July 7, 2003 First Named Inventor Jeffrey P. Gilbard Art Unit 1618 Examiner Name Z. A. Fay

(to be used for all correspondence after initial filing) Attorney Docket Number 2022(200696) Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)						
X Fee Transi	X Fee Transmittal Form Drawing(s)			After Allowance Communication to TC		
Fee /	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
X Amendme	nt/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
x After	Final	Petition to Convert to a Provisional Application		Proprietary Information		
Affida	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Add	dress	Status Letter		
x Extension	of Time Request	Terminal Disclaimer		Other Enclosure(s) (please Identify below):		
Express Abandonment Request		Request for Refund		Return Receipt Postcard		
Information Disclosure Statement		CD, Number of CD(s)				
Certified Copy of Priority Document(s)		Landscape Table on CD				
Reply to Missing Parts/ Incomplete Application		Remarks				
	y to Missing Parts under FR 1.52 or 1.53			•		
	SIGNATU	JRE OF APPLICANT, ATTORNI	EY, OR	AGENT		
Firm Name EDWARDS ANGELL PALMER & DODGE LLP						
Signature	Signature Man					
Printed name	Ralph A. Loren					
Date	July 30, 2008	Re	eg. No.	29,325		

JUL 3 0, 2008	<i>51</i>	of 1995, no person are required to	U.S. Patent and Trac	PTO/SB/17 (proved for use through 06/30/2010. OMB 065 demark Office; U.S. DEPARTMENT OF COMMonation unless it displays a valid OMB control necessity.	1-0032 MERCE
TRABBANA	Effective on 12/0	0,700.4	Complete if Known		
	Effective on 12/0 Fees pursuant to the Consolidated Appro		Application Number	10/615,158-Conf. #8240	
	FEE TRANS	MITTAL	Filing Date	July 7, 2003	
			First Named Inventor	Jeffrey P. Gilbard	
	For FY 2	008	Examiner Name	Z. A. Fay	
	X Applicant claims small entity sta	atus. See 37 CFR 1.27	Art Unit	1618	
	TOTAL AMOUNT OF PAYMENT	(\$) 780.00	Attorney Docket No.	2022(200696)	
	METHOD OF PAYMENT (chec	k all that apply)			

METHOD OF PAYMEN	T (check all	that apply)						_
Check Credit C	ard	Money Order	None	Other (1	please identify	·):		
X Deposit Account Depo	sit Account Num	nber. 04-	-1105	Deposit /	Account Name:	Edwards Angel	l Palmer &	Dodge LLP
For the above-ident	ified deposit	account, the D	Director is he	ereby authorize	d to: (checl	k all that apply)		
x Charge fee(s)	indicated be	elow		Charge	e fee(s) indi	icated below, ex	cept for t	he filing fee
Charge any acfee(s) under 3		(s) or underpay and 1.17	ments of	x Credit	any overpa	yments		
FEE CALCULATION								
1. BASIC FILING, SEARCH	, AND EXA	MINATION FE	ES					
	FILIN	NG FEES	SEAR	CH FEES	EXAMIN	ATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description	.						Fee (\$)	Fee (\$)
Each claim over 20 (includi	· ·	•					50	25
Each independent claim over Multiple dependent claims	T 3 (Iliciuul	ng Keissues)					210 370	105 185
• •	Claims	Eag (\$)	Fee Paid	4 (¢)	Mu	Itiple Depende		185
39 -42 =		<u>Fee (\$)</u> =	FEEFAN	7 (4)			ee Paid (
HP = highest number of total clair					<u> </u>	-	CO I WIW 1	ц
Indep. Claims Extra	Claims _	Fee (\$)	Fee Paid	d (\$)	·			
5 -5=	x _	= _						
HP = highest number of independ	dent claims pai	d for, if greater tha	n 3.					
3. APPLICATION SIZE FEE								
If the specification and dra listings under 37 CFR 1	_		'	_	•	•	•	Λ
sheets or fraction thereo				•	or Siliail Cili	illy) for cach ac	IGITIOHAI 3	U
	tra Sheets		` '	tional 50 or frac	tion thereof	Fee (\$)	Fee	Paid (\$)
100 =		/50 =	(ro	ound up to a whol	le number) x	· · · · · · · · · · · · · · · · · · ·	=	
4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specification	on, \$130 fe	e (no small en	tity discoun	it)				
Other (e.g., late filing su	rcharge): 2	253 Extension 401 Notice of	n tor respo Fanneal	nse within th	ird month			25.00 55.00
		+01 Notice of	аррсы					70.00
SUBMITTED BY	,							

SUBMITTED BY			<u> </u>		
Signature	1962	Registration No. (Attorney/Agent)	29,325	Telephone	(617) 239-0233
Name (Print/Type)	Ralph A. Loren			Date	July 30, 2008

cation No. (if known): 10/615,158

Attorney Docket No.: 2022(200696)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV756459012US in an envelope addressed to:

MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on July 30, 2008

Date

Andrea MacVarish
Typed or printed name of person signing Certificate

29,325
Registration Number, if applicable

(617) 239-0233
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify

each submitted paper.

Transmittal

Amendment Transmittal (1 page)

Response to Final Office Action (10 pages)

Amendment After Final Action Under 37 C.F.R. 1.116 (3 pages)

Fee Transmittal Form (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1

page)

Notice of Appeal (1 page)

Charge \$525.00 to deposit account 04-1105

JUL 3 0 2000,

Docket No. AMENDMENT TRANSMITTAL LETTER 2022(200696) Art Unit

Application No. Filing Date Examiner 10/615,158-Conf. #8240 July 7, 2003 Z. A. Fay 1618

Applicant(s): Jeffrey P. Gilbard

EPA AND DHA ENRICHED OMEGA-3 SUPPLEMENT FOR THE TREATMENT OF DRY Invention:

EYE, MEIBOMIANITIS AND XEROSTOMIA

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

		CLAIM	S AS AMENI	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	39	- 42 =		х	
Independent Claims	5	- 5 =		X	
Multiple Depend	lent Claims (che	eck if applicabl	e)		
Other fee (pleas	e specify): E	xtension for res	ponse within th	nird month	525.00
TOTAL ADDIT	ONAL FEE FO	R THIS AME	NDMENT:		525.00
Large Entity				x Small Entit	у
No additiona	ıl fee is require	d for this amer	ndment.		
	ge Deposit Acc copy of this she	ount 110		the amount of \$	525.00 .
A check in the	ne amount of \$		to cover	the filing fee is en	closed.
Payment by	credit card. Fo	orm PTO-2038	is attached.		
	is hereby auth I below. A dup	•	_	Deposit Account lenclosed.	No. <u>04-1105</u>
x Credit ar	ny overpaymen	t.			
x Charge a	any additional fili	ng or applicatio	n processing f	ees required under	37 CFR 1.16 and 1.17.
John A. Large	2			Dated:	July 30, 2008
Ralph A. Loren Attorney/Agent	Reg. No.: 29,3	325			
EDWARDS ANd P.O. Box 55874 Boston, Massac (617) 239-0233	-		LP		